

<b>Case Number:</b>	CM14-0194605		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic pain syndrome, major depressive disorder, and generalized anxiety disorder reportedly associated with an industrial injury of March 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery in 2008; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and psychotropic medications. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve requests for Norco and OxyContin. The claims administrator cited an October 23, 2014 progress note which the applicant was described as using eight tablets of Percocet daily, six tablets of Norco daily, oxycodone 15 mg twice daily, and OxyContin 20 mg extended release thrice daily. The claims administrator alluded to the applicant's having received some sort of drug detoxification program in August 2014 and further alluded to the applicant's used Duragesic patches. The claims administrator did not incorporated any guidelines in its rationale but stated, at the bottom of its report, that its decision was based on the 2014 ACOEM Opioids Chapter, a medical treatment guideline which is now part of the MTUS. In a case management note dated November 27, 2013, the applicant's case manager suggested that the applicant was off of work owing to ongoing complaints of low back pain, anxiety, and depression. It was suggested that the applicant was eligible for Social Security Disability Insurance (SSDI). On August 8, 2014, the applicant reported ongoing complaints of low back pain. The applicant's BMI was 25. The applicant reported 2/10 pain with medications versus 6/10 pain without medications. The applicant was using Percocet and Norco, it was acknowledged. The attending provider suggested that the applicant continue Norco at a rate of six tablets a day. The applicant was asked to try and cease smoking. The applicant's work status was not furnished. In a June 26,

2014 consultation, the applicant again presented with ongoing complaints of low back pain. The applicant was not working and been deemed "permanently disabled," it was stated in one section of the note, while another section of the report stated that the applicant was working on a part-time basis. The applicant was still smoking. The note was somewhat difficult to follow. Percocet was endorsed. On August 18, 2014, it was stated that the applicant was using six tablets of Norco per day. It was stated that the applicant was working full time despite permanent restrictions. Oxycodone 15 mg was introduced for reportedly severe pain. In another section of the note, it was stated that the applicant was using Percocet. On August 28, 2014, the applicant reported ongoing complaints of low back pain. The attending provider stated that he had been able to maintain the applicant at a full-time, full-duty level. OxyContin 20 mg was introduced. The applicant was asked to employ Norco at a rate of four tablets daily. It was stated that the applicant was working full time at the bottom of the report. On September 20, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was smoking a pack a day. The applicant's BMI was 25. The attending provider stated that the applicant was stable on his current medications and that the applicant's current medication regimen was generating appropriate analgesia. The note was difficult to follow. At the bottom of the report, Norco and OxyContin were renewed. It was stated that the applicant was maintaining full-time work with and deriving appropriate analgesia as a result of ongoing medication consumption.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Oxycontin 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the bulk of the documentation on file does suggest that the applicant has returned to and/or is maintaining some form of work. The applicant, furthermore, is deriving appropriate analgesia with ongoing medication consumption, it has been suggested. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.